

015570  
525

POSITION	ITMALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	6-501
FORMALITY REVIEW	1/1	1019	07-12-01
RESPONSE FORMALITY REVIEW	jw	1019	11-14-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	Original
1	08/23/01
2	✓
3	0
4	✓
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7	↓
8	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy

573  
11-14-01

7/12/01